

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate Elima, LLC	CHAPTER 100.1
Address: 1368 Kuloaa Place, Kailua, Hawaii 96734	Inspection Date: May 23 and 24, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Bag of flour in floor of pantry.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Day of inspection 5/24/17, Bag of Flour was removed from floor and placed on shelf. No other dry items left on floor.</p>	<p style="text-align: center;">5/24/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, medication orders not signed by Physician from March 18, 2016 to August 23, 2016 for the following medications.</p> <ul style="list-style-type: none"> -Furosemide 20mg -Namenda 10mg -Pravastatin 40mg -Albuterol 2.5mg -Bisacodyl 10mg -Acetaminophen 500mg -Sorbitol 70% 30ml 	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resent Physician order sheet so physician could reevaluate all orders and sign.</p> <p>I explained to DOT on day of inspection that Resident and wife both have same MD with MD in questioned. They do not use Fax machine. They prefer to have all orders mailed to them and they send back that way as well. I have spoken to MD on many occasions and also let daughter (POA) know that I'm not getting orders back in timely matter. There was instances that I kept envelope from mail in wife's binocular. Unfortunately didn't keep the one from dates in questioned Date on PCS was 6/25/16 & faxed 07/01/16, however signed date was 5/23/16.</p>	<p style="text-align: right;">5/24/17</p>

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	Rules (Criteria).	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2, Physician order for Oxybutynin reads 19mg. Medication Administration Record (MAR) reads 10mg. No documentation of order clarification.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG Contacted PCP via Phone and fax and had orders Clarified over the phone. Sent orders to be signed for correction.</p>	<p>5/24/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, emergency sheet not current, lists the following discontinued medications.</p> <ul style="list-style-type: none"> -Amlodipine 2.5mg -Losartan 100mg -Quetiapine 25mg -Prednisone 5mg -Nitro-BID 2% 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCR updated Emergency Packet by replacing current month POS in packet.</i></p>	<p><i>5/24/17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #6, left side of closet door is difficult to open and close.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>maintance came day of inspection to repair door. Door able to close with ease.</i></p>	<p><i>5/24/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #5. No pliable plastic pillow protector.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The pillow was a personal item that resident brought from home. It didn't have his name on it.</i></p>	<p style="text-align: center;">5/24/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #1, signaling device pull cord is broken. Bedroom #7, signaling device pull cord is missing.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom 1 - DOTT #1 pulled string, then DOTT 2 pulled string and string broke off. While inspection being done. DOTT stated that the string needs to be in place at all times.</p> <p>Bedroom 7 - resident untied string prior to inspection.</p> <p>I replaced both strings on call lights.</p>	<p>5/24/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 has completed five and a half (5.5) hours of continuing education units (CEU) that are valid. The additional six and a half (6.5) hours are not valid for ARCH caregivers. Please submit an additional six and a half (6.5) hours of CEU with your plan of correction. These hours will not count towards your 2017-2018 annual inspection.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is Franchelle Martin, who is Kinable Estate Register Nurse and Director of Nursing. I have attached her license as well as her additional CEU. SCG returned transcripts with additional.</p>	

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Licensee's/Administrator's Signature: Mary L. Carvalho
Print Name: Mary L. Carvalho
Date: 01/12/18